

215024158  
49554

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 069	Agency Case No. B5-054318	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/18/2015		TIME OF ACCIDENT 2153	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2154	06/19/2015	
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 17 ST / N ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		17 ST / N ST		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
V1/M 19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 3 R2 2 R3 1 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	K02-30-5922		STATE (Of License)	KS	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 2	DRIVER	Alan J Weis		PHONE	782-227-2537	
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11-26-1972	
G 2	OWNER	Allan Weis		PHONE	785-227-2537	
V1/O 3	VEHICLE	2009	Chevrolet	Colorado	Pickup truck	white
V2/O 3	VEHICLE ID NO. (VIN)	1GCDT13E598123345		INSURANCE COMPANY	American Family	
I 1	DRIVER LICENSE NO.	H12886197		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	KHALAF H PISO		PHONE	402-484-1317	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/01/1979	
J 01	OWNER	O ST auto sales		PHONE	402-475-6193	
V1/Q 1	VEHICLE	1998	BMW	UZ8	2 door Sedan	black
V2/Q 1	VEHICLE ID NO. (VIN)	4USCJ3333WLB63960		INSURANCE COMPANY	Mid Alliance	
K 02	TOWED TO	2745 O St,		TOWED BY	Owner	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
2	KHALAF H PISO	240 S 26 ST #4, Lincoln, NE 68510		01/01/1979	01 1 11 4 2	M
VEH. #	NAME	ADDRESS		EMS SERVICE NAME	EMS RUN REPORT NO.	
2	KHALAF H PISO	240 S 26 ST #4, Lincoln, NE 68510		Lincoln Fire & Rescue		
VEH. #	NAME	ADDRESS		EMS SERVICE NAME	EMS RUN REPORT NO.	
2	KHALAF H PISO	240 S 26 ST #4, Lincoln, NE 68510		Lincoln Fire & Rescue		

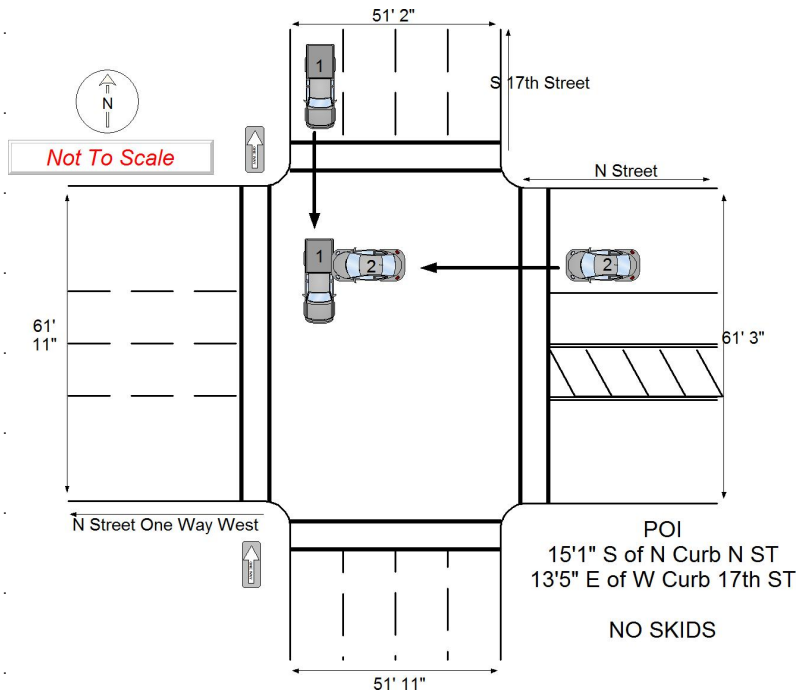
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-054318**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V1 was traveling SB on 17th ST, which is marked one way NB, and was hit by V2 in the Intersection of 17th and Nst. Driver of V1 said he was driving when his GPS said to turn onto 17th ST. Driver one said he was unaware it was a one way and said he was traveling about 25mph and said he was hit by V2 which was traveling at a high rate of speed. Driver one said he was unable to brake to avoid impact. Driver of V2 said he was approaching the intersection of 17 and N and had a green light to go through the intersection. Driver 2 said he was going 30-35MPH and his V1 who he said was going fast. There are no witnesses to the accident.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1		X			S 17th ST										
2				X	N ST										
1	01				06 Turning left		POINT OF IMPACT		06	POINT OF IMPACT		01			
2	01				08 Entering traffic lane		MOST DAMAGED AREA		06	MOST DAMAGED AREA		01			
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				01 02 03 04 05 06 07 08			
				TROOP/ TEAM/ BEAT <b>11</b>				DEPARTMENT <b>Lincoln Police Department</b>				Photographs <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
OFFICER NO. <b>1734</b>				INVESTIGATOR NAME (Print or Type) <b>Andrew Winkler</b>				INVESTIGATOR SIGNATURE <b>Approved by Andrew Winkler</b>				DATE OF REPORT <b>06/19/2015</b>			